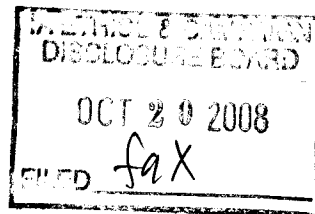


File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE



COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen's for Jeff Mosiman Iowa House

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Jeffrey Mosiman

Political Party (if applicable)

Republican

Office Sought

Iowa House

District (if Senate or House)

14th

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1783

Logged In

S

Scanned

Computer

Audited

6 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Jeffrey Mosiman
SIGNATURE OF PERSON FILING REPORT

641 749 2217
TELEPHONE

20 Oct 08
DATE SIGNED

I AM FILING A October 20, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 44.14

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

445.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 489.14

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

384.52

Schedule F: Loan Repayments total (Attach Schedule F)

104.62

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 1,729.05

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 234.96

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

YES NO

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen's for Jeff Mosiman Iowa House

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
09/30/2008	ID# 8992 CK#	Ron Bloxham 32 Concord LN Mason City, IA 50401		\$25.00	<input type="checkbox"/>
08/08/2008	ID# 836 CK#	Alyn Winters P.O. Box 674 Mason City, IA 50401		10.00	<input type="checkbox"/>
09/30/2008	ID# 3274 CK#	Philip & Kanjana Fleischer P.O. Box 453 St. Ansgar, IA 50472		25.00	<input type="checkbox"/>
9/30/2008	ID# 5416 CK#	Lee & Vera Vaughan 1805 Kenwood Ave Charles City, IA 50616		50.00	<input type="checkbox"/>
10/02/2008	ID# 1015 CK#	Myrna Sletten 205 6th Ave Charles City, IA 50616		25.00	<input type="checkbox"/>
10/02/2008	ID# 1072 CK#	Leone Niddrie 421 Lyndale Ave, Apt B Osage, IA 50461		100.00	<input type="checkbox"/>
10/13/2008	ID# 1099 CK#	L. Thomas Keiser 510 Freeman Street Charles City, IA 50616		50.00	<input type="checkbox"/>
10/08/2008	ID# CK# 2473	Angela Smith 1942 Ocean Ave Charles City, IA 50616		10.00	<input type="checkbox"/>
09/25/2008	ID# CK# 1131	Mitchell County Republicans Mitchell County IA		150.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 445.00

TOTAL (if last page of this schedule)

\$ 445.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen's for Jeff Mosiman Iowa House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/25/2008	ID# 1014 CK#	Dollar Tree 2560 4th St SE Mason City, Ia 50401	Parade Supplies	\$ 16.05
07/25/2008	ID# 1015 CK#	Wal-Mart 4151 4th SW Mason City, Ia 50401	Campaign Materials	7.27
09/26/2008	ID# 1016 CK#	US Post Office Nora Springs, Ia 50458	Postage	84.00
09/29/2008	ID# 1017 CK#	US Post Office Nora Springs, Ia 50458	Postage	92.40
10/02/2008	ID# 1018 CK#	US Post Office Nora Springs, Ia 50458	Postage	100.80
10/07/2008	ID# 1019 CK#	US Post Office Nora Springs, Ia 50458	Postage	84.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 384.52
TOTAL (if last page of this schedule)				\$ 384.52

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen's for Jeff Mosiman Iowa House

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
05/14/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, IA 50458	Filling for May	\$ 627.99
07/21/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, IA 50458	Filling For July	663.32
07/23/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, IA 50458	Printing Supplies	10.68
07/26/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, IA 50458	Parade Materials	6.42
08/01/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, IA 50458	Parade Materials	16.05
09/25/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, IA 50458	Printing Supplies	41.70
09/28/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, IA 50458	Printing Supplies	9.39
SUB-TOTAL			\$ 1,375.55
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 2
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizen's for Jeff Mosiman Iowa House

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/03/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, Ia 50458	Postage	\$ 17.22
10/04/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, Ia 50458	Postage	19.32
10/13/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, Ia 50458	Postage	42.00
10/14/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, Ia 50458	Milage	230.34
09/25/2008	Jeff Mosiman 14474 Yarrow Ave Nora Springs, Ia 50458	Mcals	9.62
09/18/2005	Jeff Mosiman 14474 Yarrow Ave Nora Springs, Ia 50458	Meals	35.00
SUB-TOTAL			\$ 353.50
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,729.05

*If actual figure is unknown, show "estimated" beside the figure.

Page 2 of 2
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen's for Jeff Mosiman Iowa House

SCHEDULE
E
(Rev. 06/97)

IN-KIND
CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
09/15/2008	Brian Crane 206 N Main Street Ste 1 Charles City, IA 50616		stamps	\$ 99.96	<input type="checkbox"/>
9/25/2008	Mason City Lumber 1501 N. Federal Ave Mason City, IA 50401		wood for signs	45.00	<input type="checkbox"/>
9/25/2008	Home Lumber 716 S. Jefferson Ave Mason City, IA 50401		wood for signs	45.00	<input type="checkbox"/>
9/25/2008	UBC 516 2nd NW Mason City, IA 50401		wood for signs	45.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 234.96	
TOTAL (if last page of this schedule)				\$ 234.96	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)